

POWELL FIRE SPRINKLER SERVICES

P.O. BOX 505042 SAIPAN MP 96950
234-0367 788-9960
rwarrenpowell@yahoo.com

**SPRINKLER SYSTEM MAINTENANCE LOG
KAGMAN JUVENILE DETENTION CENTER**

Date:07-12-05

FIRE PUMP: (ON) OFF

START PRESSURE: 50 psi. TIMES STARTED: 1

STOP: manual

JOCKEY PUMP: (ON) OFF

START PRESSURE: 80 psi. TIMES STARTED: 4

STOP: 100 psi.

INSP. TEST VALVE FLOW SWITCH TIMES:

MAINT. ADMIN. ED. BLDGS. TIME: 35 seconds

HOUSING 1st FLOOR TIME: 72 seconds

HOUSING 2nd FLOOR TIME: 45 seconds

WATER MOTOR ALARM TIME: N/A

PRESSURE SWITCH TIME: 10 seconds

ELEC. BELL FUNCTIONING: YES (NO)

PRESSURE RELIEF VALVE SETTING: 150 psi. TIMES TRIPPED: 0

OS&Y VALVES LUBRICATED: YES (NO)

FIRE PUMP PACKING ADJUSTED: YES (NO)

FIRE PUMP RUN THROUGH TEST LINE: YES (NO)

TAMPER SWITCHES FUNCTIONING: N/A

DATE: 7-12-05

TECHNICIAN: r. powell

NOTES:

1.water motor alarm not functioning, electric bell not functioning, generator starts when fire pump is shut off, alarm time on housing 1st floor flow switch over 60 seconds. ground faults in alarm system.

Figure 10-1(a) Contractor's material and test certificate for aboveground piping.

Contractor's Material and Test Certificate for Aboveground Piping												
PROCEDURE Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job. A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.												
Property name		KAGMAN DETENTION FACILITY						Date		8-24-05		
Property address		KAGMAN, SAIPAN CNMI										
Plans	Accepted by approving authorities (names)										SAIPAN	
	Address											
	Installation conforms to accepted plans										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Equipment used is approved If no, explain deviations										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Instructions	Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? If no, explain?										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Have copies of the following been left on the premises?										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	1. System components instructions										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	2. Care and maintenance instructions										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. NFPA 25										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location of system	Supplies buildings											
Sprinklers	Make	Model	Year of manufacture	Orifice size	Quantity	Temperature rating						
	STAR	INST.	1	1/2		165						
	STAR			1/2		165						
Pipe and fittings	Type of pipe _____ Type of fittings _____											
Alarm valve or flow indicator	Alarm device						Maximum time to operate through test connection					
	Type	Make	Model				Minutes	Seconds				
	PRESSURE SWITCH							60				
Dry pipe operating test	Dry valve						Q. O. D.					
	Make		Model	Serial no.		Make		Model	Serial no.			
	Time to trip through test connection ¹		Water pressure	Air pressure	Trip point air pressure		Time water reached test outlet ¹		Alarm operated properly			
			psi	psi	psi		Minutes Seconds		Yes	No		
	Without Q.O.D.											
	With Q.O.D.											
If no, explain												

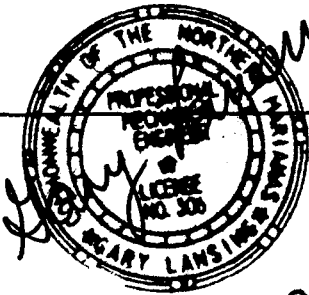
¹ Measured from time inspector's test connection is opened

Figure 10-1(a) (Continued)

Deluge and preaction valves NA	Operation <input type="checkbox"/> Pneumatic <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulics									
	Piping supervised <input type="checkbox"/> Yes <input type="checkbox"/> No					Detecting media supervised <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Does valve operate from the manual trip, remote, or both control stations? <input type="checkbox"/> Yes <input type="checkbox"/> No									
	Is there an accessible facility in each circuit for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No							If no, explain		
	Make	Model	Does each circuit operate supervision loss alarm?			Does each circuit operate valve release?		Maximum time to operate release		
		Yes No			Yes No		Minutes Seconds			
Pressure reducing valve test NA	Location and floor	Make and model	Setting	Static pressure		Residual pressure (flowing)		Flow rate		
				Inlet (psi)	Outlet (psi)	Inlet (psi)	Outlet (psi)	Flow (gpm)		
Test description	<p>Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p>Pneumatic: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours.</p>									
Tests	All piping hydrostatically tested at <u>200</u> psi (<u> </u> bar) for <u>2</u> hours						If no, state reason			
	Dry piping pneumatically tested <input type="checkbox"/> Yes <input type="checkbox"/> No									
	Equipment operates properly <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
	Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
	Drain test	Reading of gauge located near water supply test connection: <u>100</u> psi (<u> </u> bar)				Residual pressure with valve in test connection open wide: <u>100</u> psi (<u> </u> bar) PUMP				
	Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping						Other Explain			
	Verified by copy of the U Form No. 85B flushed by installer of underground sprinkler piping <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
If powder-driven fasteners are used in concrete, has representative sample testing be satisfactorily completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						If no, explain				
Blank testing gaskets	Number used <u>0</u>		Locations					Number removed		
Welding	Welding piping <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
	If yes. . .									
	Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
	Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
	Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that the internal diameters of piping are not penetrated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Cutouts (discs)	Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									

Figure 10-1(a) (Continued)

Hydraulic data nameplate	Nameplate provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain
Remarks	Date left in service with all control valves open 8-24-2005	
Signatures	Name of sprinkler contractor RUSS POWELL FIRE SPRINKLER SERVICES	
	Tests witnessed by	
	For property owner (signed)	Title Date
	For sprinkler contractor (signed)	Title Date
Additional explanations and notes		



8-24-2005

Figure A-11-2.6.3(f) Pump acceptance test data. (Courtesy of Factory Mutual Research Corp.)

PUMP ACCEPTANCE TEST DATA Refer to P & P F(A) – 512.12 & DS 3 – 7N

PROPERTY OF		KAGMAN VENEUILLE DET. FAC				INDEX NO.		DIST. OFFICE				
ADDRESS						TESTED BY		DATE 8-24-05				
CITY		KAGMAN		STATE		SAIPAN CNMI		PLACO CODE				
SUBJECT						CONFERRED WITH						
PUMP	SHAFT <input type="checkbox"/> HORIZONTAL <input checked="" type="checkbox"/> VERTICAL		MANUFACTURER		FLOWAY		APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SHOP OR SERIAL NO.		MODEL OR TYPE	
	RATED GPM		RATED HEAD-FT. (psi)		RATED RPM		SUCTION FROM		TANK SIZE		TANK HEIGHT	
IF VERTICAL TYPE	VERTICAL DIST. DISCH. GAUGE TO WATER LEVEL		STATIC FT.		RIGHT-ANGLE GEAR DRIVE		MANUFACTURER		SHOP OR SERIAL NO.		APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	
			PUMPING FT.				MODEL OR TYPE		PERFORMANCE <input type="checkbox"/> SMOOTH <input type="checkbox"/> ROUGH			
DRIVER	MANUFACTURER		US MOTORS		APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SHOP OR SERIAL NO.		MODEL OR TYPE		RATED H.P.	
	<input checked="" type="checkbox"/> ELECTRIC MOTOR		RATED VOLT		OPERATING VOLT		RATED EL. AMPS		AMPS AT 150%		PHASE CYCLES	
		<input type="checkbox"/> DIESEL ENGINE <input type="checkbox"/> GASOLINE ENGINE		<input type="checkbox"/> GAS ENGINE <input type="checkbox"/> STEAM TURBINE		<input type="checkbox"/> PRESS. GOVERNOR BUILT IN		<input type="checkbox"/> INDEPENDENT		<input type="checkbox"/> TURBINE STEAM PRESS		
CONTROLLER	MANUFACTURER		MASTER		APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		START		STOP		JOCKEY PUMP	
	SHOP OR SERIAL NO.		MODEL OR TYPE		<input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTO		<input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> WATER FLOW		<input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTO		<input checked="" type="checkbox"/> YES ON 80 psi <input type="checkbox"/> NO OFF 100 psi	
SPEED RPM	DISCHARGE PRESSURE PSI	SUCTION PRESSURE PSI	NET HEAD PSI	STREAMS NO. SIZE PITOT PRESSURE			GALLONS PER MINUTE	PERCENT OF RATED CAPACITY	VOLTS	AMPS	STEAM PRESSURE THROTTLE CHEST	
1797	100	-					0	0%	460	17.6		
1760	90	-					200	80		28.1		
	83						250	100		29.2		
	76						300	120		30.2		
	62						375	150		31.4		

Readings marked (+) in suction column are heads above atmosphere, those marked (-) are lifts.
For vertical shaft pumps omit suction pressure and net head readings.

Pressure (lb/in²)

Amperes

Percent rated capacity

Plot discharge pressure and net head curves for horizontal shaft pump. For vertical shaft pump, plot discharge pressure curve. For electric-driven pump, plot ampere curve also.

105 (9-77) ENGINEERING PRINTED IN USA

1999 Edition

[illegible]

[illegible]

Society 1st System (Saipan), Inc.

P.O. Box 504673 Saipan, MP 96950 Gualo Rai Village
Tel: (670) 235-6500 Fax (670) 235-7400

Fire Extinguisher Service Order

Bill To:

DYS

Service Order #

1592

Date Received: 7/19/05

Sales Rep: Jack


Contact: Tel: Date Billed Invoice/Cash Sale #

Instructions:

Serial #	Make	Size						Comments	Amount
			Inspection	Refill/Recharge	Annual Maint	6yr Internal	Condemned		
1	SP-789088	BADGER	5	✓					
2	SP-784080	BADGER	5	✓					
3	SP-787225	BADGER	5	✓					
4	SN-821588	BADGER	10	✓					
5	SP-784052	BADGER	5	✓					
6	SP-784059	BADGER	5	✓					
7	SN-821590	BADGER	10	✓					
8	SN-821604	BADGER	10	✓					
9	MV-080697	ANSUL	20	✓					
10	MV-080684	ANSUL	20	✓					
11	MV-080685	ANSUL	20	✓					
12	RB-061426	ANSUL	20	✓					
13	MV-080720	ANSUL	20	✓					
14	MV-080724	ANSUL	20	✓					
15	MV-080677	ANSUL	20	✓					

Parts:

I certify that the above work was performed using best efforts and commercially reasonable judgement in compliance with NFPA 10 Standard for portable fire extinguishers.

Technician Signature: 

I hereby acknowledge the above services were performed to my satisfaction.

Signature: 

Print Name: RICARDO R. RIASA

Date: 7-19-05

Note: This is a service order form. Do not pay from this service order. Billing will follow.

Safety 1st System (Saipan), Inc.

P.O. Box 504673 Saipan, MP 96950 Gualo Rai Village
 Tel: (670) 235-6500 Fax (670) 235-7400

Fire Extinguisher Service Order

Bill To:

DYS

Service Order #

1564

Date Received:

7/19/05

Sales Rep:

Tack

Contact:

Tel:

Date Billed

Invoice/Cash Sale #

Instructions:

				Inspection Refill/Recharge Annual Maint 6yr Internal Condemned						
Serial #		Make	Size						Comments	Amount
1	MV-080688	ANGUL	20	✓						
2	SP-784089	BADGER	5	✓						
3	SP-784062	BADGER	5	✓						
4	SP-784064	BADGER	5	✓						
5	SP-780079	BADGER	5	✓						
6	SN-821605	BADGER	10	✓						
7	SN-821601	BADGER	10	✓						
8	SN-821602	BADGER	10	✓						
9	SN-821600	BADGER	10	✓						
10	SN-821603	BADGER	10	✓						
11	SP-784061	BADGER	5	✓						
12										
13										
14										
15										


Safety 1st Systems (Saipan), Inc.
Your Total Safety Solution!

P.O. Box 504873 Saipan, MP 96950
Tel: (670) 235-6500 Fax (670) 235-7400

INVOICE

27374

Bill To:

Ship To:

CNMI GOVERNMENT
P.O. Box 5234 CHRB
Saipan, MP 96950
Attn: Mary Masga
Tel: 664-1270/1/2 Fax: 664-1215

D.Y.S

Date	11/30/2005	() Partial () Complete	Terms	30 DAYS
P.O. #	439616	() Special Order	Sales Rep	KJK

QTY	B/O	DEL'D	Item #	Description	Price	Amount
		32	INSPECTION	Monthly Inspection of Fire Extinguisher	3.00	96.00
			ONSITE	Onsite Service Fee	10.00	10.00
				FOR THE MONTH OF NOVEMBER.		
Total						\$106.00

I Certify that this is a true and correct invoice and

[] Payment has not been received.

[] Deposit has been received.

Vendor Signature: _____

I hereby acknowledge the above goods were received in good condition.

Signature

Print Name

Date

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.

Safety 1st Systems (Saipan), Inc.

Your Total Safety Solution!

P.O. Box 504873 Saipan, MP 96850
Tel: (670) 235-8500 Fax (670) 235-7400



INVOICE

27214

Bill To:

CNMI GOVERNMENT
P.O. Box 5234 CHRB
Saipan, MP 96950
Attn: Mary Mays
Tel: 664-1270/12 Fax: 664-1215

Ship To:

D.Y.S

Date	11/3/2005	<input checked="" type="checkbox"/> Partial <input type="checkbox"/> Complete	Terms	30 DAYS
P.O. #	439616	<input type="checkbox"/> Special Order <input type="checkbox"/> Sales Rep	Sales Rep	KJR

QTY	B/O	DEL'D	Item #	Description	Price	Amount
		32	INSPECTION ONSITE	Monthly Inspection of Fire Extinguisher Onsite Service Fee for the month of October	3.00 10.00	96.00 10.00
Total						5106.00

I Certify that this is a true and correct invoice and

☒ Payment has not been received.

☐ Deposit has been received.

Vendor Signature

Print Name

Signature

Date

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.

I hereby acknowledge the above goods were received in good condition.


Safety 1st Systems (Saipan), Inc.
Your Total Safety Solution!

P.O. Box 504673 Saipan, MP 96950
Tel: (670) 235-6500 Fax: (670) 235-7400

INVOICE

26897

Bill To:

Ship To:

CNMI GOVERNMENT
P.O. Box 5234 CHRB
Saipan, MP 96950
Attn: Mary Masga
Tel: 664-1270/1/2 Fax: 664-1215

D.Y.S

Date	() Partial () Complete	Terms				
P.O. # 9/8/2005	() Special Order	Sales Rep				
QTY	B/O	DEL'D	Item #	Description	Price	Amount
		32	INSPECTION	Monthly Inspection of Fire Extinguisher	3.00	96.00
			ONSITE	Onsite Service Fee	10.00	10.00
				FOR THE MONTH OF AUGUST		
Total						\$106.00

I Certify that this is a true and correct invoice and

☐ Payment has not been received.☐ Deposit has been received.

I hereby acknowledge the above goods were received in good condition.

Signature _____

Print Name _____

Vendor Signature _____

Date _____

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.


Safety 1st Systems (Saipan), Inc.
Your Total Safety Solution!

P.O. Box 504873 Saipan, MP 96950
Tel: (870) 235-6500 Fax: (870) 235-7400

INVOICE

26559

Bill To:

CNMI GOVERNMENT
P.O. Box 5234 CHRB
Saipan, MP 96950
Attn: Mary Marga
Tel: 664-1270/1/2 Fax: 664-1215

Ship To:

D.Y.S

Date	7/18/2005	() Partial	<input checked="" type="checkbox"/> Complete	Terms	30 DAYS	
P.O. #	439616	() Special Order		Sales Rep	KJK	
QTY	B/O	DEL'D	Item #	Description	Price	Amount
		32	INSPECTION	Monthly Inspection of Fire Extinguisher	3.00	96.00
			ONSITE	Onsite Service Fee	10.00	10.00
				FOR THE MONTH OF JULY.		
Total						\$106.00

I Certify that this is a true and correct invoice and

☒ Payment has not been received.☐ Deposit has been received.

Vendor Signature: _____

I hereby acknowledge the above goods were received in good condition.

Signature: _____

Print Name: Ricardo P. RasenDate: 07-19-05

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.


Safety 1st Systems (Saipan), Inc.
Your Total Safety Solution!

P.O. Box 504673 Saipan, MP 96950
Tel: (670) 235-8500 Fax (670) 235-7400

INVOICE

26585

Bill To:

CNMI GOVERNMENT
P.O. Box 5234 CHRB
Saipan, MP 96950
Attn: Mary Maspa
Tel: 664-1270/1/2 Fax: 664-1215

Ship To:

D.Y.S

Date	7/21/2005	() Partial	(<input checked="" type="checkbox"/>) Complete	Terms	30 DAYS	
P.O. #	439508	() Special Order		Sales Rep	LAM	
QTY	B/O	DEL'D	Item #	Description	Price	Amount
		1	B52-W	Duty Garrison 1 3/4' Trouser Belt Basket Weaved	26.95	26.95
Total						\$26.95

I Certify that this is a true and correct invoice and

☒ Payment has not been received.

☐ Deposit has been received.

Vendor Signature: _____

I hereby acknowledge the above goods were received in good condition.

Signature

Print Name

Date

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.


Safety 1st Systems (Saipan), Inc.
Your Total Safety Solution!

P.O. Box 504673 Saipan, MP 96950
Tel: (870) 235-6500 Fax: (870) 235-7400

INVL

2642

Bill To:

CNMI GOVERNMENT
P.O. Box 5234 CHRB
Saipan, MP 96950
Attn: Mary Masga
Tel: 664-1270/1/2 Fax: 664-1215

Ship To:

D.V.S

Date	6/27/2005	() Partial	(<input checked="" type="checkbox"/>) Complete	Terms	30 DAYS
P.O. #	439508	() Special Order		Sales Rep	LAM

QTY	B/O	DEL'D	Item #	Description	Price	Amount
		4	E95 BP2	D Cell Energizer (2pk)	3.95	15.80
		4	BL109	Fire Extinguisher Sign	5.20	20.80
		1	MCHD81	D. Diesel Fuel	9.60	9.60
Total						\$46.20

I Certify that this is a true and correct invoice and

[☒] Payment has not been received.

[] Deposit has been received.

Vendor Signature: _____

I hereby acknowledge the above goods were received in good condition.

Signature _____

Print Name _____

Date _____

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.

P.O. Box 504873 Salpan, MP 96950
Tel: (670) 235-8500 Fax (670) 235-7400

25864

Ship To:

CNMI GOVERNMENT
P.O. Box 5234 CHR
Saipan, MP 96950
Attn: Mary Masga
Tel: 664-1270/1/2 Fax: 664-1215

D.Y.S

☐ Partial ☒ Complete

Terms	30 DAYS
--------------	----------------

() Special Order

Sales Rep	KJK
-----------	-----

QTY	B/O	DEL'D	Item #	Description	Price	Amount
		32	INSPECTION	Monthly Inspection of Fire Extinguisher	3.00	96.00
			ONSITE	Onsite Service Fee	10.00	10.00
				FOR THE MONTH OF FEBRUARY.		
Total						\$106.00

☒ Payment has not been received.
☐ Deposit has been received.

Signature

Print Name _____

Date _____

Vendor Signature: _____

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.

Office of the Governor

Saipan, MP 96950

Telephone: (670) 664-1500 Fax: (670) 664-1515

No. 439616-000 OP

INSTRUCTIONS

1. P.O. number must appear on all invoices, packages, packing lists, and other related documents.
2. Payments requests, prior to receipt of shipment, must include proof of shipment with invoice.
3. The CNMI Government reserves the right to reject any or all items received that are not in compliance with ordered specifications.
4. AIRMAIL original invoices attached to the original corresponding CNMI Government Purchase Orders to the Division of Finance & Accounting, Att: Accounts Payable, P.O. Box 5234 CHRB Saipan, MP 96950. All correspondence with regards to payments must be directed to the above.
5. All correspondence regarding shipment of this order is to be directed to the Director, Procurement & Supply, CNMI.
6. Any refund check should be made payable to CNMI Treasury. Mail all refund to the above address.

DATE: 06/07/05

VENDOR: SAFETY 1ST SYSTEMS - SAIPAN INC.
P.O. BOX 504673

SAIPAN, MP
96950-4673

SHIP POINT :
SHIPPED VIA :
DELIVERY TIME:

QUANTITY	UNITS OF ISSUE	DESCRIPTION	UNIT PRICE	TOTAL PRICE
	LO	RENEWAL OF MONTHLY INSPECTION FEES FOR FIRE EXTINGUISHERS AT THE JUVENILE DETENTION UNIT FOR ONE (1) YEAR.	.00	1,272.00
<p>NOTE TO VENDOR: Please provide a copy of invoice showing receipt of goods/merchandise to: Director, PROCUREMENT & SUPPLY / P.O. Box 10008 CK Lower Base, Saipan, MP 96950 /</p>				
TOTAL				1,272.00

DELIVER TO: MARFANDS - SAIPAN
DCCA/DYS-05-894/1220.6266
P.O. BOX 10008, CK
SAIPAN, MP
96950

RELEASE DATE : 06/07/05

Requested By : Youth Services Saipan

VENDOR

HERMAN SABLON